

INSTRUCTIONS FOR COMPLETING
THE ACT ASSESSMENT PROGRAM
TEST CENTER ESTABLISHMENT FORM

1. AAP Test Date Schedule: Place an "X" next to each date you would like to administer the examination at your center.
2. Institution Type: Place an "X" in the appropriate box.
3. Affiliation: Place an "X" in the appropriate box.
4. User Requirements: Some institutions require a certificate of insurance from ACT or must charge for some services. Place an "X" in the YES or NO box for each requirement listed. If your institution must charge for services, indicate the approximate cost per test date. Please note that an invoice or receipt must be received in order for ACT to process a request for payment. The information noted here is for record keeping purposes only.
5. Staff Compensation: You may choose how ACT will pay your testing staff. Mark the appropriate box to indicate whether separate checks are to be sent payable to each individual or if one total check is to be sent payable to your institution.
6. Security Information: Place an "X" in the YES or NO box for each question listed. For any "NO" answer, identify who will perform that task.

7. Other Authorized Individuals: List the names and titles of up to two qualified staff members (other than yourself) who are authorized to receive, check in, or return test materials. See the example shown here.

EXAMPLE
<u>John Jones/Counselor</u> <small>Name/Title</small>
<u>Mary Smith/Counselor</u> <small>Name/Title</small>

8. Secure Storage: Use this section to describe the secure, locked storage facility where test materials will be kept while in your possession. The first blank refers to the specific piece of storage equipment, and the second to the type of room.

List all other individuals who have access to this storage area, other uses for this area, and the person responsible for the area. This person may be you, your supervisor, or another individual.

It is critical that all test materials be locked in a secure place to which only you (or you and only a few specifically authorized persons) have access. See the example shown here.

EXAMPLE
Description (e.g., locked cabinet): <u>Locked file</u> <u>Cabinet</u>
Location (e.g., locked office): <u>Counselor's Office</u>
Who has keys to the locked storage? (list names/titles) <u>Phil Brown/Head Counselor</u> <u>Jim Johnston/Head Custodian</u>
What else is this location used for? <u>Counseling Activities</u>
Name and title of person responsible for this location: <u>Phil Brown/Head Counselor</u>

9. **Admission Ticket Message:** If you think an admission ticket message would be helpful, print your message in the area provided. Your message can be up to 360 characters (including spaces and punctuation) but may be edited by ACT for clarity and consistency. See the example shown here.

<p style="text-align: center;">EXAMPLE</p> <p><u>Park only in lots marked for Type "E"</u></p> <p><u>Permits.</u></p> <p>_____</p>
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10. **Examinee Reporting Location:** Test centers have only one reporting location on file at ACT and test center supervisors will receive one alphabetical roster.

Reporting Location: Please follow steps a-d below.

- Provide information about the types of rooms and facilities associated with the reporting location by filling in the blanks and by checking all appropriate boxes.
- "Regular Capacity" refers to the total number of examinees your center can accommodate under standard time limits taking the regular ACT (four multiple choice tests only).
- "Plus Writing" refers to the total number of examinees your center can accommodate under standard time limits taking the four multiple choice tests and the writing test.
- The "Extended Time" capacity refers to the number of examinees your center can accommodate for national **extended-time testing**. ***In order to serve students with documented disabilities requiring extended-time testing, and to comply with the ADA, all centers must indicate a "Extended time" capacity of at least "15." Extended-time testing will be available on all national test dates (September, October, December, February, April, June and July).*** A maximum of 15 examinees should be assigned to each room. For example, if you enter "30" as your "Extended time" capacity, you are indicating that you could provide up to two rooms for extended-time testing, if needed, on that test date.

EXAMPLE: ONE REPORTING LOCATION

Institution Name: <u>North High School</u>	
Street Address: <u>301 ACT Drive</u>	
City: <u>Iowa City</u>	State: <u>IA</u> Zip <u>52243</u>
Code: _____	

Reporting Location FOR PAPER/PENCIL & ONLINE options		Type of room and facilities (check <u>all</u> that apply):
Building: <u>Main Entrance</u>	Room Name/Number: <u>Room Assignments as Posted</u>	<input type="checkbox"/> Handicap/wheelchair accessible <input type="checkbox"/> Air conditioned <input type="checkbox"/> Free parking available <input type="checkbox"/> Paid parking available <input type="checkbox"/> Classroom with side arm desks <input type="checkbox"/> Classroom with full surface desks <input type="checkbox"/> Classroom with tables <input type="checkbox"/> Auditorium (with side arm desks) <input type="checkbox"/> Lecture hall (with continuous tables) <input type="checkbox"/> Conference hall
Capacity: Regular: <u>50</u> Plus Writing: <u>50</u> Extended Time: <u>15</u>		

11. Test Supervisor Information: Please fill in the appropriate information. It is important that you provide a home or cell phone number (to be used only by ACT staff and only if critical information must be communicated to you after your normal work hours). Please make sure your personal information (and that of your substitute supervisor) includes an email address.
12. Supervisor's Agreement: After reading the agreement statement, sign and date the form in the space provided.
13. Substitute Test Supervisor Information: As test supervisor, you may need to appoint a substitute to handle your responsibilities on a test date. Because unforeseen circumstances can require such changes, ACT must have information about your likely substitute on file. Please ask your substitute to complete this section of the establishment form. It is critical that the substitute be experienced in standardized testing.
14. Substitute Supervisor's Agreement: After reading the agreement statement, your substitute must sign and date the form in the space provided, and give it back to you. Include the substitute supervisor's form with your establishment form to be returned to ACT Test Administration in the enclosed postage-paid envelope.

This information will help us serve your needs. If you have any questions regarding the establishment form or these instructions, please contact us at testact@act.org or call ACT Test Administration at 1-800-553-6244, extension 1510. We appreciate your service to ACT!